

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

ASHLEE WILLIAMS) Case Number: 10-2005
Plaintiff)
vs.) CIVIL ACTION
MRS ASSOCIATES, INC.)
Defendant)

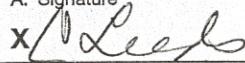
)

CERTIFICATE OF SERVICE

I, BRENT F. VULLINGS, ESQUIRE, do hereby certify that I did mail a true and correct copy of the Summons in a Civil Action and the Civil Complaint via regular mail and certified mail, return receipt requested to Defendant, MRS Associates, Inc. on 04/22/10. Said return receipt card was received and signed for by an agent of defendant, "C. Leeds", on 04/26/2010. Said return receipt card is attached hereto as Exhibit "A".

Date: April 28, 2010

/s/ Brent F. Vullings
Brent F. Vullings, Esq.
Warren & Vullings, LLP
1603 Rhawn Street
Philadelphia, PA 19111
215-745-9800

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 4-26-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>MRS Associates, Inc. 1930 Olney Avenue Cherry Hill, NJ 08003</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7099 3400 0012 8648 4652</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	